

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 7

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

02-01-01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.40(b), 42 CFR 440.70(3)(i)(ii)
~~42 CFR 440.120(a)~~

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 3a-2
Attachment 4.19-B, Page 10
Attachment 3.1-B, Page 3
Attachment 3.1-B, Page 3a-4
Attachment 4.19-B, Page 28

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 939,104
b. FFY 2002 \$ 1,408,6509. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT. (If Applicable):Same page, Revised 12-01-99, TN#99-23
Same Page, Revised 04-01-86, TN#86-08
Same Page, Revised 10-01-86, TN#86-20
New Page
Same Page, Revised 04-01-90, TN#90-12

10. SUBJECT OF AMENDMENT:

Expanding DME coverage for adults and revising payment methodology

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Michael Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

3-29-01

16. RETURN TO:

Oklahoma Health Care Authority
Attn: Billie Wright
4545 N. Lincoln, Suite 124
Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 29, 2001

18. DATE APPROVED:

May 9, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

February 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Calvin C. Cline

22. TITLE:

Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

c: Mike Fogarty
Jim Hancock
Billie Wright

State: OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY**

7. Home Health Services

After January 1, 1998, all Home Health Agencies requesting an initial Medicaid provider agreement with this Agency must meet the capitalization requirements as set forth in 42 CFR 489.28.

- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Home health services are provided in the patient's residence to categorically needy individuals. Such services are compensable to a home health agency or when no such agency exists, payment is made to a registered nurse who is currently licensed to practice in the state, received written orders from the patient's physician, documents the care and service provided and has had acceptable training for clinical and administrative record keeping from a health department nurse. Payment is made for any combination of home health visits limited to 36 visits per year or 15 per month, unless prior authorized.

- b. Home health aid services provided by a home health agency.

Payment is made on behalf of eligible individuals for any combination of home health visits and home health aid visits limited to 36 visits per year.

- c. Medical supplies, equipment and appliances suitable for use in the home.

Standard medical supplies: defined as those disposable items which are used for the care and treatment of a medical condition, are medically necessary, and are prescribed by the appropriate medical provider. (Items not covered include but are not limited to: diapers, under-pads, medicine cups, eating utensils and personal comfort items.)

Durable medical equipment and appliances are covered when medically necessary; suitable for use in the home or workplace; and expected to withstand repeated use. The equipment and appliances must serve a medical purpose; and are not useful to a person in the absence of an illness or injury. Equipment and appliances will be rented unless purchase is more appropriate.

Revised 02-01-01

TN# 01-07 Approval Date 05-09-01 Effective Date 02-01-01
Supersedes
TN# 99-23

STATE <u>Oklahoma</u>	A
DATE REC'D <u>03-29-01</u>	
DATE APPV'D <u>05-09-01</u>	
DATE EFF <u>02-01-01</u>	
HCFA 179 <u>04-01-07</u>	

Attachment 3.1-B

State: OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY**

7. c Medical supplies, equipment, and appliances suitable for use in the home.

Standard medical supplies: defined as those disposable items which are used for the care and treatment of a medical condition, are medically necessary, and are prescribed by the appropriate medical provider. (Items not covered include but are not limited to: diapers, under-pads, medicine cups, eating utensils and personal comfort items.)

Durable medical equipment and appliances are covered when medically necessary; suitable for use in the home or workplace; and expected to withstand repeated use. The equipment and appliances must serve a medical purpose; and are not useful to a person in the absence of an illness or injury. Equipment and appliances will be rented unless purchase is more appropriate.

Revised 02-01-01

TN# 01-07 Approval Date 05-09-01 Effective Date 02-01-01

Supersedes

TN# ~~SUPERSEDES: NONE - NEW PAGE~~

STATE <u>Oklahoma</u>	A
DATE REC'D <u>03-29-01</u>	
DATE APPV'D <u>05-09-01</u>	
DATE EFF <u>02-01-01</u>	
HCFA 179 <u>OK-01-07</u>	

State: OKLAHOMA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

1. Payment will be made for other services described in Section 1905(a) covered under the State Plan.

Service		Citation
a. Prosthetic Devices	Same as other services and supplies	Attachment 4.19-B
b. Podiatrists	Same as physicians services	Attachment 4.19-B
c. Rehabilitative Services	Same as other diagnostic, screening, preventive and rehabilitative services	Attachment 4.19-B
d. Optometrists Services	Same as physicians services	Attachment 4.19-B
e. Eyeglasses	Same as other services and supplies	Attachment 4.19-B

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TN# 01-07 Approval Date 05-04-01 Effective Date 02-01-01
Supersedes
TN# 90-12

STATE <u>Oklahoma</u>	A
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DATE EFF <u>02-01-01</u>	
HCFA 179 <u>6K-01-07</u>	

STATE: OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL GROUPS

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

☒ Provided: ☐ No limitations ☒ With limitations*

b. Optometrists' Services

☒ Provided: ☐ No limitations ☒ With limitations*

c. Chiropractors' Services

☐ Provided: ☐ No limitations ☐ With limitations*

d. Other Practitioners' Services

☒ Provided: ☐ No limitations ☒ With limitations*

7. Home Health Services

- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

☐ Provided: ☐ No limitations ☐ With limitations*

- b. Home health aide services provided by a home health agency.

☐ Provided: ☐ No limitations ☐ With limitations*

- c. Medical supplies, equipment, and appliances suitable for use in the home.

☒ Provided: ☐ No limitations ☒ With limitations

- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☐ Provided: ☐ No limitations ☐ With limitations*

*Description provided on attachment.

Revised 02-01-01

TN # 01-07

Approval Date 05-09-01

Effective Date 02-01-01

Supersedes

TN# 86-20

STATE <u>Oklaoma</u>	A
DATE REC'D <u>03-29-01</u>	
DATE APP'VD <u>05-09-01</u>	
DATE EFF <u>02-01-01</u>	
HCFA 179 <u>01-01-07</u>	

State: OKLAHOMA

**METHODS AND STANDARDS OF ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE**

9. Payment for other services and supplies

Reimbursement for eye glasses, prosthetics, durable medical equipment and supplies will be set at the Medicare allowed charge, or in the absence of a Medicare allowable, the Agency will establish an allowable. The fee schedule is maintained on the Agency database and in the Agency library.

Revised 02-01-01

TN# 01-07 Approval Date 05-09-01 Effective Date 02-01-01
Supersedes
TN# 86-08

STATE <u>OKlahoma</u>	A
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HCFA 179 <u>OK-01-07</u>	